



## **HIPAA Companion Guide Specifications**

### **TXN 834 Benefit Enrollment and Maintenance (MCO Enrollment)**

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## 1. INTRODUCTION

This companion guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid Title Nineteen (NCXIX). The Division of Medical Assistance (DMA) solution for HIPAA recommends suggested methods for utilizing the transactions.

## 2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline.

The 834 MCO Enrollment transaction reports recipient benefit enrollment information to MCOs. The Companion Guide is used as a reference to show mapping of the enrollment data generated in the Medicaid Management Information System (MMIS) to a HIPAA-compliant 834 transaction set. The MCO Enrollment source file, which is currently sent to the MCOs, is used as a source to create the outgoing 834 MCO Enrollment transactions.

### 3. 834 MANAGED CARE ENROLLMENT TRANSACTION MAP

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
N/A	1	R	ST01	Transaction Set Identifier Code	Follow rules of the implementation guide
			ST02	Transaction Set Control Number	Follow rules of the implementation guide
N/A	1	R	BGN01	Transaction Set Purpose Code	Follow rules of the implementation guide
			BGN02	Transaction Set Identifier Code	Follow rules of the implementation guide
			BGN03	Transaction Set Creation Date	Follow rules of the implementation guide
			BGN04	Transaction Set Creation Time	Follow rules of the implementation guide
			BGN05	Time Zone Code	Follow rules of the implementation guide
			BGN06	Transaction Set Identifier Code	Follow rules of the implementation guide
			BGN07	Transaction Type Code	Follow rules of the implementation guide
			BGN08	Action Code	Follow rules of the implementation guide
			BGN09	Security Level Code	Follow rules of the implementation guide
N/A	1	S	REF01	Reference Identification Qualifier	Follow rules of the implementation guide
			REF02	Master Policy Number	Follow rules of the implementation guide
			REF03	Description	Follow rules of the implementation guide
			REF04	Reference Identifier	Follow rules of the implementation guide
N/A	> 1	S	DTP01	Date Time Qualifier	Follow rules of the implementation guide
			DTP02	Date Time Period Format Qualifier	Follow rules of the implementation guide
			DTP03	Date Time Period	Follow rules of the implementation guide
1000A/R-35	1			<b>SPONSOR NAME</b>	<b>Follow rules of the implementation guide</b>
	1	R	N101	Entity Identifier Code	<b>NC Medicaid will set this value to "P5" – plan sponsor</b>
			N102	Plan Sponsor Name	Follow rules of the implementation guide

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			N103	Identification Code Qualifier	NC Medicaid will set this value to "FI" - FTIN
			N104	Sponsor Identifier	NC Medicaid will send DMA's Tax Payer ID number as the Sponsor ID
			N105	Entity Relationship Code	Follow rules of the implementation guide
			N106	Entity Identifier Code	Follow rules of the implementation guide
1000B/R-37	1			PAYER	Follow rules of the implementation guide
	1	R	N101	Entity Identifier Code	NC Medicaid will set this value to "IN" - insurer
			N102	Insurer Name	This is equivalent to field MC-PLAN-NAME from the current enrollment file
			N103	Identification Code Qualifier	NC Medicaid will set this value to "FI" - FTIN
			N104	Insurer Identification Code	NC Medicaid will send MCO's Tax Payer ID number as Insurer Identification Code
			N105	Entity Relationship Code	Follow rules of the implementation guide
			N106	Entity Identifier Code	Follow rules of the implementation guide
1000C/S-39	2			TPA/BROKER NAME	This loop will not be sent by NC Medicaid
1100C/S-41	1			TPA/BROKER ACCOUNT INFORMATION	This loop will not be sent by NC Medicaid
2000/R-43	> 1			MEMBER LEVEL DETAIL	Follow rules of the implementation guide
	1	R	INS01	Insured Indicator	NC Medicaid will default this value to "Y"
			INS02	Individual Relationship Code	NC Medicaid will default this value to "18" – self

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			INS03	Maintenance Type Code	<p>This field is equivalent to MC-ENROLLMENT-STATUS on the current enrollment file and values are:</p> <ul style="list-style-type: none"> <li>001 – Change is equal to C, R, O, K, or W from the current enrollment file</li> <li>021 – Addition is equal to N from the current enrollment file</li> <li>024 – Cancellation or Termination is equal to "T" from the current enrollment file.</li> </ul>
			INS04	Maintenance Reason Code	<p>This field is equivalent to MC-PLAN-TRANSFER-IND on the current enrollment file and values are:</p> <ul style="list-style-type: none"> <li>20 – Active is equal to "N" from the current enrollment file</li> <li>22 – Plan Change is equal to "Y" from the current enrollment file.</li> </ul>
			INS05	Benefit Status Code	NC Medicaid will default this value to "A" - active
			INS06	Medicare Plan Code	<p>This field is equivalent to MC-MCARE-A-STAT-IND and MC-MCARE-B-STAT-IND fields in the current enrollment file and the values are:</p> <p>Set condition to populate as follows.</p> <ul style="list-style-type: none"> <li>A – Medicare Part A is equal to "Y" from the current enrollment file MC-MCARE-A-STAT-IND field</li> <li>B – Medicare Part B is equal to "Y" from the current enrollment file MC-MCARE-B-STAT-IND field</li> <li>C – Medicare Part A and B are equal to "Y" from the current enrollment file MC-MCARE-A-STAT-IND and MC-MCARE-B-STAT-IND fields</li> <li>E – No Medicare is equal to "N" from the current enrollment file MC-MCARE-A-STAT-IND and MC-MCARE-B-STAT-IND fields.</li> </ul>
			INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	Follow rules of the implementation guide
			INS08	Employment Status Code	NC Medicaid will default this value to "PT" - part time
			INS09	Student Status Code	Follow rules of the implementation guide

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			INS10	Handicap Indicator	<b>This field is equivalent to MC-SPEC-NEEDS-IND in the current enrollment file and the value will be set to "Y" - Yes for conditions below:</b>  <b>If the MC-SPEC-NEEDS-IND values are 1 or 4 on the current enrollment file NC Medicaid will set this value to "Y" or, if the Eligibility file indicates an aid category code of disable, NC Medicaid will set this value to "Y"</b>
			INS11	Date Time Period Format Qualifier	<b>This element will only be sent when our records indicate that the recipient is deceased. NC Medicaid will set this value to "D8" to express the date format in CCYYMMDD</b>
			INS12	Insured Individual Death Date	<b>This element will only be sent when our records indicate that the recipient is deceased. NC Medicaid will default this value to a default date 00000000</b>
			INS13	Confidentiality Code	Follow rules of the implementation guide
			INS14	City Name	Follow rules of the implementation guide
			INS15	State or Province Code	Follow rules of the implementation guide
			INS16	Country Code	Follow rules of the implementation guide
			INS17	Birth Sequence Number	Follow rules of the implementation guide
	1	R	REF01	Reference Identification Qualifier	<b>Subscriber Number REF segment</b> <b>NC Medicaid will set this value to "OF"- subscriber number</b>
			REF02	Subscriber Identifier	<b>This is equivalent to MC-BENE-MID in the current enrollment file</b>
			REF03	Description	Follow rules of the implementation guide
			REF04	Reference Identifier	Follow rules of the implementation guide
	1	S	REF01	Reference Identification Qualifier	<b>Member Policy Number REF segment</b> <b>NC Medicaid will set this value to "1L"</b>
			REF02	Insured Group or Policy Number	<b>This is equivalent to MC-PLAN-NUMBER in the current enrollment file</b>
			REF03	Description	Follow rules of the implementation guide



LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			REF04	Reference Identifier	Follow rules of the implementation guide
	5	S	REF01	Reference Identification Qualifier	<b>Member Identification REF segment</b> <b>This segment and element will only be sent when NC Medicaid has a Medicare ID on file for a recipient. NC Medicaid will set this value to "3H" – case number</b>
			REF02	Subscriber Supplemental Identifier	<b>This is equivalent to MC-CASE-ID in the current enrollment file</b>
			REF03	Description	Follow rules of the implementation guide
			REF04	Reference Identifier	Follow rules of the implementation guide
	1	S	REF01	Reference Identification Qualifier	<b>Prior Coverage Months "REF" segment</b> <b>NC Medicaid will not send the segment</b>
			REF02	Prior Coverage Month Count	<b>NC Medicaid will not send the segment</b>
			REF03	Description	<b>NC Medicaid will not send the segment</b>
			REF04	Reference Identifier	<b>NC Medicaid will not send the segment</b>
	20	S	DTP01	Date Time Qualifier	<b>This fields is derived according to fields: MC-MCARE-A-ELIG-DATE, MC-MCARE-B-ELIG-DATE, MC-MCARE-A, MC-MCARE-B, MC-EFF-DATE, MC-END-DATE which are currently on the enrollment file "338" - Medicare Begin is set when MC-MCARE-A-ELIG-DATE or MC-MCARE-B-ELIG-DATE present and MC-MCARE-A or MC-MCARE-B in the current enrollment file</b> <ul style="list-style-type: none"> <li>• 473 – Medicaid Begin is set when MC-EFF-DATE present in the current enrollment file</li> <li>• 474 – Medicaid End is set when MC-END-DATE present in the current enrollment file.</li> </ul>
			DTP02	Date Time Period Format Qualifier	<b>NC Medicaid will set this filed to "D8" - Date expressed in format CCYYMMDD</b>

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DTP03	Status Information Effective Date	<p>This field is equivalent to MC-MCARE-A-ELIG-DATE, MC-MCARE-B-ELIG-DATE, MC-EFF-DATE, MC-END-DATE fields in the current enrollment file</p> <p>This is equivalent to MC-MCARE-A-ELIG-DATE field in the current enrollment file when MC-MCARE-A-IND is "Y"</p> <p>This is equivalent to MC-MCARE-B-ELIG-DATE field in the current enrollment file when MC-MCARE-B-IND is "Y"</p> <p>This is equivalent to the date range MC-EFF-DATE and MC-END-DATE fields in the current enrollment file</p>
2100A/R-61	1			MEMBER NAME	Follow rules of the implementation guide
	1	R	NM101	Entity Identifier Code	NC Medicaid will set this value to "IL" - insured or subscriber
			NM102	Entity Type Qualifier	NC Medicaid will set this value to one (1) - Person
			NM103	Subscriber Last Name	This is equivalent to MC-BENE-LAST-NAME field in the current enrollment file
			NM104	Subscriber First Name	This is equivalent to MC-BENE-FIRST-NAME field in the current enrollment file
			NM105	Subscriber Middle Name	This is equivalent to MC-BENE-MI field in the current enrollment file
			NM106	Subscriber Name Prefix	Follow rules of the implementation guide
			NM107	Subscriber Name Suffix	NC Medicaid will not send this element
			NM108	Identification Code Qualifier	NC Medicaid will set this value to "34" - SSN#
			NM109	Subscriber Identifier	This is equivalent to MC-ELIG-SSN field in the current enrollment file
			NM110	Entity Relationship Code	Follow rules of the implementation guide
			NM111	Entity Identifier Code	Follow rules of the implementation guide
	1	S	PER01	Contact Function Code	NC Medicaid will set this value to "IP"
			PER02	Name	NC Medicaid will not send this segment

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			PER03	Communication Number Qualifier	NC Medicaid will set this value to "TE"
			PER04	Communication Number	NC Medicaid will return the recipient's phone number in this data element
			PER05	Communication Number Qualifier	NC Medicaid will not send this segment
			PER06	Communication Number	NC Medicaid will not send this segment
			PER07	Communication Number Qualifier	NC Medicaid will not send this segment
			PER08	Communication Number	NC Medicaid will not send this segment
			PER09	Contact Inquiry Reference	NC Medicaid will not send this segment
	1	S	N301	Subscriber Address Line	This is equivalent to MC-CASE-ADDR-LN1 field in the current enrollment file
			N302	Subscriber Address Line	This is equivalent to MC-CASE-ADDR-LN2 field in the current enrollment file
	1	S	N401	Subscriber City Name	This is equivalent to MC-CASE-CITY field in the current enrollment file
			N402	Subscriber State Code	This is equivalent to MC-CASE-STATE field in the current enrollment file
			N403	Subscriber Postal Zone or ZIP Code	This is equivalent to MC-CASE-ZIP-CODE field in the current enrollment file
			N404	Country Code	Follow rules of the implementation guide
			N405	Location Qualifier	NC Medicaid will set this value to "CY" - County/Parish
			N406	Location Identification Code	This is equivalent to MC-COUNTY-NUM field in the current enrollment file
	1	S	DMG01	Date Time Period Format Qualifier	NC Medicaid will set this value to "D8" - Date expressed in format CCYYMMDD
			DMG02	Member Birth Date	This is equivalent to MC-BENE-DOB field in the current enrollment file

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DMG03	Gender Code	This is equivalent to MC-BENE-SEX (gender) field in the current enrollment file and valid values are: <ul style="list-style-type: none"> <li>F – Female</li> <li>M – Male</li> <li>U – Unknown.</li> </ul>
			DMG04	Marital Status Code	Follow rules of the implementation guide
			DMG05	Race or Ethnicity Code	This is equivalent to MC-BENE-RACE field in the current enrollment file
			DMG06	Citizenship Status Code	Follow rules of the implementation guide
			DMG07	Country Code	Follow rules of the implementation guide
			DMG08	Basis of Verification Code	Follow rules of the implementation guide
			DMG09	Quantity	Follow rules of the implementation guide
	1	S	ICM01	Frequency Code	NC Medicaid will not send this segment
	4	S	AMT01	Amount Qualifier Code	NC Medicaid will not send this segment
	1	S	HLH01	Health Related Code	NC Medicaid will not send this segment
	5	S	LUI01	Identification Code Qualifier	NC Medicaid will not send this segment
2100B/S-80	1			INCORRECT MEMBER NAME	NC Medicaid will not send this loop
2100C/S-85	1			MEMBER MAILING ADDRESS	NC Medicaid will not send this loop
2100D/S-90	3			MEMBER EMPLOYER	NC Medicaid will not send this loop
2100E/S-98	3			MEMBER SCHOOL	NC Medicaid will not send this loop
2100F/S-106	1			CUSTODIAL PARENT	NC Medicaid will not send this loop
2100G/S-115	1			RESPONSIBLE PERSON	NC Medicaid will not send this loop

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
2200/S-124	1			<b>DISABILITY INFORMATION</b>	Follow rules of the implementation guide
	1	S	DSB01	Disability Type Code	NC Medicaid will default this value to "4" – No disability
			DSB02	Quantity	Follow rules of the implementation guide
			DSB03	Occupation Code	Follow rules of the implementation guide
			DSB04	Work Intensity Code	Follow rules of the implementation guide
			DSB05	Product Option Code	Follow rules of the implementation guide
			DSB06	Monetary Amount 18	Follow rules of the implementation guide
			DSB07	Product or Service ID Qualifier	Follow rules of the implementation guide
			DSB08	Diagnosis Code	NC Medicaid will not send this segment
	2	S	DTP01	Date Time Qualifier	NC Medicaid will not send this segment
			DTP02	Date Time Period Format Qualifier	NC Medicaid will not send this segment
			DTP03	Disability Eligibility Date	NC Medicaid will not send this segment
2300/S-128	99			<b>HEALTH COVERAGE</b>	Follow rules of the implementation guide
	1	S	HD01	Maintenance Type Code	This is equivalent to MC-ENROLLMENT-STATUS field in the current enrollment file and the values are: <ul style="list-style-type: none"> <li>001 – Change is equal to "C", "R", "O", "K", or "W" from the current enrollment file</li> <li>021 – Addition is equal to N from the current enrollment file</li> <li>024 – Cancellation or Termination is equal to "T" from the current enrollment file.</li> </ul>
			HD02	Maintenance Reason Code	Follow rules of the implementation guide
			HD03	Insurance Line Code	NC Medicaid will default this value to "HMO"
			HD04	Plan Coverage Description	This is equivalent to MC-ELIG-PROGRAM-CODE field in the current enrollment file
			HD05	Coverage Level Code	NC Medicaid will default this value to "IND"

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			HD06	Count	Follow rules of the implementation guide
			HD07	Count	Follow rules of the implementation guide
			HD08	Underwriting Decision Code	Follow rules of the implementation guide
			HD09	Yes/No Condition or Response Code	Follow rules of the implementation guide
			HD10	Drug House Code	Follow rules of the implementation guide
			HD11	Yes/No Condition or Response Code	Follow rules of the implementation guide
	4	R	DTP01	Date Time Qualifier	<b>NC Medicaid will set this value to "348" - Benefit Begin</b>
			DTP02	Date Time Period Format Qualifier	<b>NC Medicaid will set this value to "D8" - Date expressed in format CCYYMMDD</b>
			DTP03	Coverage Period	<b>This is equivalent to MC-PAY-PERIOD-YEAR, MC-PAY-PERIOD-MONTH fields in the current enrollment file</b>
	4	S	AMT01	Amount Qualifier Code	<b>NC Medicaid will set is value to "P3" – Premium Amt</b>
			AMT02	Contract Amount	<b>This is equivalent to MC-PREMIUM-PAYMENT field in the current enrollment file</b>
			AMT03	Credit/Debit Flag Code	Follow rules of the implementation guide
	2	S	REF01	Reference Identification Qualifier	<b>NC Medicaid will set this value to "1L" – Group or Policy Number</b>
			REF02	Insured Group or Policy Number	<b>This is equivalent to MC-PLAN-NUMBER field in the current enrollment file</b>
			REF03	Description	Follow rules of the implementation guide
			REF04	Reference Identifier	Follow rules of the implementation guide
	10	S	IDC01	Plan Coverage Description	<b>NC Medicaid will not send this segment</b>
<b>2310/S-139</b>	<b>30</b>			<b>PROVIDER INFORMATION</b>	<b>NC Medicaid will not send this loop</b>
<b>2320/S-150</b>	<b>5</b>			<b>COORDINATION OF BENEFITS</b>	<b>NC Medicaid will not send this loop</b>

LOOP	SEG Repeat	SEG Requirement	ELEMENT	Industry Name	North Carolina Medicaid Specifications
9999/R-158	1			TRANSACTION SET TRAILER	Follow rules of the implementation guide
	1	R	SE01	Transaction Segment Count	Follow rules of the implementation guide
			SE02	Transaction Set Control Number	Follow rules of the implementation guide



## 4. DOCUMENT CHANGE HISTORY

Project Information
<b>Project Name:</b> HTSCS
<b>Status:</b> Final (Version Number and date are used for configuration control of this deliverable)

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Version	Issue Date	Modified By	Comments/Reason
1.0	09/05/02	Lashika Liyanaarachchi & Jim Schloss	Original Document
1.1	10/17/02	Lashika Liyanaarachchi	Updated fields in Companion Guide
1.2	03/27/06	Stacey Barber	Updated PER segment in loop 2100A